

Docket Number (Optional)

TRI 42

## REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

I hereby declare that:

My residence, post office address and citizenship are stated below next to my name: Tricumed GmbHI am authorized to act on behalf of the following company: Tricumed GmbH  
and the title of my position with said company is: Managing Director

The entire title to the patent identified below is vested in said company.

Name of Patentee(s):

See Attachment A

Patent Number

5,667,504

Date Patent Issued

September 16, 1997

Title of Invention: Process for the Adjustment of a Switchable Flow Limiting Apparatus, and an Apparatus Operating According to the ProcessI believe said patentee(s) to be the original, first and sole or joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled Process for the Adjustment of a Switchable Flow Limiting Apparatus, and an Apparatus Operating According to the Process

the specification of which

☒ is attached hereto.☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

See Attachment B

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)

DocuSign Number (Optional)

TRI 42

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)

M. Robert Kestenbaum

Registration Number

20,430

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

[Empty box for Customer Number]

Type Customer Number here



Place Customer  
Number Bar Code  
Label here

OR

☒ Firm or  
Individual  
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Fax

(505) 323-0865

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of person signing (given name, family name)

Karl-Heinz Otto

Signature

*Karl-Heinz Otto*

Date

14th of September 1999

Residence

Kiel, Germany

Citizenship

German

Post Office Address

Röntgenstr. 7a DE24143 Kiel, Germany

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant: Tricumed Medizintechnik GmbH  
Application No.: 321,638 Filed: October 11, 1994  
Entitled: Process for the Adjustment of a Switchable Flow Limiting Apparatus, and an Apparatus Operating According to the Process  
Tricumed Medizintechnik GmbH, a corporation of Germany  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

☒ the assignee of the entire right, title, and interest; or

☐ an assignee of an undivided part interest

the patent application identified above by virtue of either:

(1) An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

(2) A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From: Inventors To: Carl Zeiss Stiftung  
The document was recorded in the Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: Carl Zeiss Stiftung To: Tricumed Medizintechnik GmbH  
The document was recorded in the Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

( ) Additional documents in the chain of title are listed on a supplemental sheet.

( ) Copies of assignments or other documents in the chain of title are attached.

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

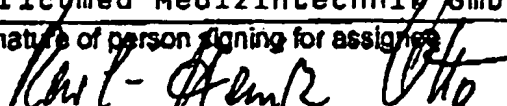
Sept. 14th 1999

Date

Karl-Heinz Otto  
Signature

Karl-HEINZ OTTO  
Typed or printed name

MANAGING DIRECTOR  
Title

<b>REISSUE APPLICATION BY THE ASSIGNEE, OFFER TO SURRENDER PATENT</b>		Docket Number (Optional)  TRI 42
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s): See Attachment A		
Patent Number 5,667,504	Date Patent Issued September 16, 1997	
Title of Invention Process for the Adjustment of a Switchable Flow Limiting Apparatus, and an Apparatus Operating According to the Process		
<p><u>Tricumed Medizintechnik GmbH</u> is the assignee of the entire interest in the original patent.</p> <p>I offer to surrender the original patent.</p> <p><input checked="" type="checkbox"/> A certificate under 37 CFR 3.73(b) is attached.</p> <p>I am authorized to act on behalf of the assignee.</p>		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.</p>		
Name of assignee Tricumed Medizintechnik GmbH		
Signature of person signing for assignee 	Date September 14th 1999	
Typed or printed name and title of person signing for assignee Karl-Heinz Otto, Managing Director		

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